

HEDIS® HYBRID MEASURES <i>(Hybrid measures are based on data retrieved from medical records and may include administrative data from claims)</i>		
HEDIS® MEASURE	MEASURE DESCRIPTION	HEDIS® MEDICAL RECORD DOCUMENTATION GUIDELINES
Adolescent Well-Care Visits (AWC)	Members 12-21 years of age who in 2017 had either: <ul style="list-style-type: none"> • At least one comprehensive well-care visit with a PCP; or • At least one comprehensive well-care visit with an OB/GYN practitioner 	Medical Record must include the following: <ul style="list-style-type: none"> • Date the well-care visit occurred • A health history • A physical developmental history • A mental developmental history • A physical exam • Health education/anticipatory guidance
Adult BMI Assessment (ABA)	Members 18-74 years of age who had an outpatient visit and whose: <ul style="list-style-type: none"> • Body Mass Index (BMI) was documented during 2016 or 2017 	Medical Record must include the following: <ul style="list-style-type: none"> • Weight and BMI value (for members 20 years of age and older) in 2016 or 2017 • Height, weight, and BMI percentile (for members under 20 years of age) in 2016 or 2017; BMI percentile can either be documented as a value or plotted on an age-growth chart • Evidence that the member was pregnant in 2016 or 2017

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<p>Cervical Cancer Screening (CCS)</p>	<p>Women 21-64 years of age who were screened for cervical cancer using either one of the following criteria:</p> <ul style="list-style-type: none"> • <i>Ages 21-64:</i> A cervical cytology (pap smear) every 3 years (performed in 2015, 2016, or 2017) • <i>Ages 30-64:</i> A cervical cytology (pap smear)/HPV co-testing every 5 years (performed in 2013, 2014, 2015, 2016, or 2017) 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • Date the cervical cytology (pap smear) and/or HPV test was performed • The result or finding
<p>Childhood Immunization Status (CIS)</p>	<p>Members 2 years of age who had the following vaccines by their 2nd birthday:</p> <ul style="list-style-type: none"> • 4 DTaP • 3 IPV • 1 MMR • 3 HiB • 3 HepB • 1 VZV • 4 PCV • 1 HepA • 2 or 3 RV • 2 Flu 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of the immunization; or • A certificate of immunization prepared by an authorized healthcare provider or agency including the specific dates and types of immunizations administered <p><i>Note: For documented history of illness or a seropositive test result, there must be a note indicating the date of the event, which must have occurred by the 2nd birthday</i></p>

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<p>Comprehensive Diabetes Care (CDC)</p>	<p>Members 18-75 years of age with diabetes (type 1 or 2) who had each of the following:</p> <ul style="list-style-type: none"> • HbA1c testing in 2017 • Retinal eye exam in 2016 or 2017 • Medical attention for nephropathy in 2017 • Blood Pressure (BP) reading in 2017 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • A note indicating the date when the HbA1c test was performed with the result • Evidence of one of the following: <ul style="list-style-type: none"> ○ A note or letter indicating an ophthalmoscopic exam was completed by an eye care professional, the date the procedure was performed, and the results ○ A chart or photograph of retinal abnormalities indicating the date when the fundus photography was performed with evidence that an eye care professional reviewed the results ○ Evidence that the patient had bilateral eye enucleation or acquired absence of both eyes • Evidence of one of the following: <ul style="list-style-type: none"> ○ A urine test for albumin or protein, the date the test was performed, and the result ○ Documentation of a visit to a nephrologist ○ Documentation of a renal transplant ○ Documentation for medical attention for diabetic nephropathy, ESRD, CRF, CKD, renal insufficiency, proteinuria, albuminuria, renal dysfunction, ARF, dialysis ○ Evidence of ACE inhibitor/ARB therapy • BP reading

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<p>Controlling High Blood Pressure (CBP)</p>	<p>Members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled based on the following criteria:</p> <ul style="list-style-type: none"> • <i>Ages 18-59:</i> BP was <140/90 mm Hg • <i>Ages 60-85 with a diagnosis of diabetes:</i> BP was <140/90 mm Hg • <i>Ages 60-85 without a diagnosis of diabetes:</i> BP was <150/90 mm Hg 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • Diagnosis of HTN on or before 6/30/17 • Date and result of last BP reading in 2017 (systolic and diastolic)
<p>Immunizations for Adolescents (IMA)</p>	<p>Members 13 years of age who had all of the following by their 13th birthday:</p> <ul style="list-style-type: none"> • 1 dose of meningococcal vaccine • 1 dose of Tdap • 3 doses of HPV vaccine 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • A note indicating the name of the specific antigen and the date of service; or • A certificate of immunization prepared by an authorized healthcare provider or agency including the specific dates and types of immunizations administered <p><i>Note: For the 2-dose HPV vaccination series, there must be at least 146 days between doses</i></p>
<p>Lead Screening in Children (LSC)</p>	<p>Members 2 years of age who had the following by their 2nd birthday:</p> <ul style="list-style-type: none"> • 1 or more capillary or venous lead blood test for lead poisoning 	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • A note indicating the date the test was performed • The result or finding

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<p>Prenatal and Postpartum Care (PPC)</p>	<p>Women who delivered a live-birth on or between 11/6/2016 and 11/5/2017 that met the following criteria:</p> <ul style="list-style-type: none"> • <i>Timeliness of Prenatal Care:</i> Received a prenatal care visit in the first trimester or within 42 days of enrolling in the HUSKY Health program • <i>Postpartum Care:</i> Had a postpartum visit on or between 21 and 56 days after delivery 	<p><u>Medical Record must include the following:</u></p> <p><i>Prenatal Care:</i></p> <ul style="list-style-type: none"> • A note indicating the date the prenatal visit occurred • Evidence of one of the following: <ul style="list-style-type: none"> ○ A physical obstetrical exam that includes auscultation for fetal heart tone ○ Pelvic exam with obstetric observations ○ Measurement of fundus height ○ Evidence that a prenatal care procedure was performed (screening test in the form of an obstetric panel, TORCH antibody panel alone, rubella antibody test/titer with an RH incompatibility blood typing, or echography of pregnant uterus) ○ Documentation of LMP or EDD along with either prenatal risk assessment or complete obstetrical history <p><i>Postpartum Care:</i></p> <ul style="list-style-type: none"> • A note indicating the date the postpartum visit occurred • Evidence of one of the following: pelvic exam, evaluation of weight, BP, breasts and abdomen, or notation of postpartum care (PP care, PP check, 6-week check, or pre-printed postpartum care form)

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<p>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)</p>	<p>Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and had evidence of the following during 2017:</p> <ul style="list-style-type: none"> • BMI percentile documentation • Counseling for nutrition • Counseling for physical activity <p><i>Note: Provide documentation if the member was pregnant in 2017</i></p>	<p><u>Medical Record must include the following:</u></p> <ul style="list-style-type: none"> • BMI Percentile – Height, weight, and BMI percentile or BMI percentile plotted on an age-growth chart during 2017 • Counseling for Nutrition* – A note indicating the date counseling occurred and at least one of the following: discussion of current nutrition behaviors, checklist indicating nutrition was addressed, counseling or referral for nutrition education, educational materials on nutrition were provided during a face-to-face visit, anticipatory guidance for nutrition, or weight/obesity counseling • Counseling for Physical Activity* – A note indicating the date counseling occurred and at least one of the following: discussion of current physical activity behaviors, checklist indicating physical activity was addressed, counseling or referral for physical activity, educational materials on physical activity provided during a face-to-face visit, anticipatory guidance specific to the child’s physical activity, or weight/obesity counseling <p><i>*Documentation of obesity counts for both the nutrition and physical activity components of this measure</i></p>

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Well-Child Visits in the First 15 Months of Life (W15)	Members 15 months old who had the following number of well-child visits with a PCP during their first 15 months of life: <ul style="list-style-type: none"> • 0 visits • 1 visit • 2 visits • 3 visits • 4 visits • 5 visits • 6 or more visits 	<u>Medical Record must include the following:</u> <ul style="list-style-type: none"> • A note indicating a visit with a PCP • The date the well-child visit occurred • Health history • Physical developmental history • Mental developmental history • Complete physical exam • Health education/anticipatory guidance
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	Members 3-6 years of age who had: <ul style="list-style-type: none"> • 1 or more well-child visits with a PCP during 2017 	<u>Medical Record must include the following:</u> <ul style="list-style-type: none"> • A note indicating a visit with a PCP • The date the well-child visit occurred • Health history • Physical developmental history • Mental developmental history • Complete physical exam • Health education/anticipatory guidance

HEDIS® ADMINISTRATIVE MEASURES <i>(Administrative measures are based on claims/encounter data)</i>		
HEDIS® MEASURE	MEASURE DESCRIPTION	HEDIS® CLAIMS CODING GUIDELINES
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)	Members 19-64 years of age with schizophrenia	Members must have had a diagnosis of schizophrenia and had been: <ul style="list-style-type: none"> • Dispensed and remained on an antipsychotic medication for at least 80% of their treatment period
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Members 20 years of age and older	Members must have had: <ul style="list-style-type: none"> • One or more ambulatory or preventive care visit during 2017
Annual Dental Visit (ADV)	Members 2-20 years of age	Members must have had: <ul style="list-style-type: none"> • At least 1 dental visit during 2017
Annual Monitoring for Patients on Persistent Medications (MPM)	Members 18 years of age and older who received at least 180 days of ambulatory medication therapy for a select therapy agent, and at least one therapeutic monitoring event for a therapeutic agent	Members must have received 180 treatment days and at least 1 monitoring event for any of the following therapeutic agents: <ul style="list-style-type: none"> • ACE Inhibitors • ARB • Diuretics

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Antidepressant Medication Management (AMM)	Members 18 years of age and older who were treated with an antidepressant and had a diagnosis of major depression between 5/1/2016 and 4/30/2017	Members must have been treated with an antidepressant, had a diagnosis of major depression, and remained on the antidepressant for the following timeframes: <ul style="list-style-type: none"> • <i>Effective Acute Phase:</i> At least 84 days (3 months) • <i>Effective Continuation Phase:</i> At least 180 days (6 months)
Appropriate Testing for Children with Pharyngitis (CWP)	Members 3-18 years of age diagnosed with pharyngitis between 7/1/2016 and 6/30/2017	Members must have been diagnosed with pharyngitis and have been both: <ul style="list-style-type: none"> • Dispensed an antibiotic • Received a group A strep test
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	Members 3 months to 18 years of age who were diagnosed with an Upper Respiratory Infection (URI)	Members must have been diagnosed with a URI and: <ul style="list-style-type: none"> • <u>Not</u> dispensed an antibiotic prescription
Asthma Medication Ratio (AMR)	Members 5-64 years of age who were diagnosed with persistent asthma	Members must have been diagnosed with persistent asthma and: <ul style="list-style-type: none"> • Had a ratio of controller medications to total asthma medications of 0.50 or greater during 2017
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	Members 18-64 years of age who were diagnosed with acute bronchitis	Members must have been diagnosed with acute bronchitis and: <ul style="list-style-type: none"> • <u>Not</u> dispensed an antibiotic treatment
Breast Cancer Screening (BCS)	Women 50-74 years of age	Women must have had: <ul style="list-style-type: none"> • One or more mammograms to screen for breast cancer between 10/1/2015 and 12/31/2017

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Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)	Members 18-64 years of age with schizophrenia and cardiovascular disease	Members must have had a diagnosis of schizophrenia and cardiovascular disease and had: <ul style="list-style-type: none"> • An LDL-C test
Children and Adolescents' Access to Primary Care Practitioners (CAP)	Members 12 months to 19 years of age	Members 12-24 months and 25 months to 6 years of age must have had: <ul style="list-style-type: none"> • One visit with a PCP during 2017 Members 7-19 years of age must have had: <ul style="list-style-type: none"> • One visit with a PCP during 2016 or 2017
Chlamydia Screening in Women (CHL)	Women 16-24 years of age	Women must have been identified as sexually active and had: <ul style="list-style-type: none"> • At least one test for chlamydia
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)	Members 18-64 years of age with schizophrenia and diabetes	Members must have been diagnosed with schizophrenia and diabetes and had both of the following in 2017: <ul style="list-style-type: none"> • An LDL-C test • An HbA1c test
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)	Members 18-64 years of age with schizophrenia or bipolar disorder	Members must have been diagnosed with schizophrenia or bipolar disorder and have both of the following in 2017: <ul style="list-style-type: none"> • Been dispensed antipsychotic medications • Received a diabetes screening test (glucose test or an HbA1c test)

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Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)	Members 18 years of age and older who were diagnosed with rheumatoid arthritis	Members must have been diagnosed with rheumatoid arthritis and: <ul style="list-style-type: none"> • Been dispensed at least one ambulatory prescription for a Disease-Modifying Anti-Rheumatic Drug (DMARD) during 2017
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	The percentage of ED visits for members 13 years of age and older with a principal diagnosis of Alcohol or Other Drug (AOD) abuse or dependence who had a follow-up visit for AOD	Members who had an ED visit for AOD abuse or dependence who had follow-up a visit within either: <ul style="list-style-type: none"> • 7 days of the ED visit • 30 days of the ED visit
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	The percentage of ED visits for members 6 years of age and older with a principle diagnosis of mental illness, who had a follow-up visit for mental illness	Members who had a follow-up visit after an ED visit for mental illness within either: <ul style="list-style-type: none"> • 7 days of the ED visit • 30 days of the ED visit
Follow-Up After Hospitalization for Mental Illness (FUH)	Members 6 years of age and older hospitalized for treatment of selected mental illness	Members must have been hospitalized for treatment of a selected mental illness and had a follow-up visit with a mental health practitioner within either: <ul style="list-style-type: none"> • 7 days of discharge • 30 days of discharge

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Follow-Up Care for Children Prescribed ADHD Medication (ADD)	Members 6-12 years of age with newly prescribed ADHD medication	Members must have been newly prescribed an ADHD medication and had: <ul style="list-style-type: none"> • <i>Initiation Phase:</i> 1 follow-up visit with a practitioner of prescribing authority within 30 days • <i>Continuation and Maintenance Phase:</i> Remained on the medication for at least 210 days and, in addition to the Initiation Phase visit, had at least 2 follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	Members 13 years of age and older with a new episode of AOD abuse or dependence	Members must have had a new episode of AOD abuse or dependence diagnosis and received: <ul style="list-style-type: none"> • <i>Initiation of AOD Treatment:</i> An inpatient AOD admission, outpatient visit, intensive outpatient encounter, or partial hospitalization within 14 days • <i>Engagement of AOD Treatment:</i> Two or more additional services with a diagnosis of AOD within 34 days of the initiation visit
Medication Management for People with Asthma (MMA)	Members 5-64 years of age identified as having persistent asthma	Members must have been diagnosed with persistent asthma, dispensed an asthma controller medication, and remained on treatment either: <ul style="list-style-type: none"> • At least 50% of their treatment period • At least 75% of their treatment period

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Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	Members 1-17 years of age who had two or more antipsychotic prescriptions	Members must have had two or more antipsychotic prescriptions and had metabolic testing including: <ul style="list-style-type: none"> • At least one test for blood glucose or HbA1c • At least one test for LDL-C or cholesterol
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)* <i>*Lower rate indicates better performance.</i>	Women 16-20 years of age who were screened unnecessarily for cervical cancer	Evidence-based guidelines indicate that women under 21 years of age should not be screened for cervical cancer regardless of age at sexual initiation or other behavior-related factors. Women under 21 years of age should not be screened for either: <ul style="list-style-type: none"> • Cervical cytology • HPV test
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	Members 18 years of age and older who were hospitalized and discharged from 7/1/2016 to 6/30/2017 with a diagnosis of Acute Myocardial Infarction (AMI) and received persistent beta-blocker treatment	Members who were hospitalized and discharged with a diagnosis of AMI who: <ul style="list-style-type: none"> • Received beta-blocker treatment for six months (180 day course) after discharge
Pharmacotherapy Management of COPD Exacerbation (PCE)	Members 40 years of age and older who had an acute inpatient discharge or ED visit for COPD exacerbations on or between 1/1/2017 and 11/30/2017	COPD exacerbations for members who had an acute inpatient discharge or ED visit who were dispensed either: <ul style="list-style-type: none"> • A systemic corticosteroid within 14 days of the event • A bronchodilator within 30 days of the event

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Statin Therapy for Patients with Cardiovascular Disease (SPC)	Men 21-75 years of age and women 40-75 years of age identified as having clinical Atherosclerotic Cardiovascular Disease (ASCVD) and received statin therapy	Members who were diagnosed as having clinical ASCVD and met the following criteria: <ul style="list-style-type: none"> • <i>Received Statin Therapy</i>: Dispensed at least one high or moderate-intensity statin medication • <i>Statin Adherence 80%</i>: Remained on a high or moderate-intensity statin medication for at least 80% of the treatment period
Statin Therapy for Patients with Diabetes (SPD)	Members 40-75 years of age with diabetes who do not have ASCVD and received statin therapy	Members who were diagnosed with diabetes, did not have ASCVD, and met the following criteria: <ul style="list-style-type: none"> • <i>Received Statin Therapy</i>: Dispensed at least one statin medication of any intensity • <i>Statin Adherence 80%</i>: Remained on a statin medication of any intensity for at least 80% of the treatment period
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	Members 1-17 years of age with a new prescription for an antipsychotic medication	Members who had a new prescription for an antipsychotic medication and had: <ul style="list-style-type: none"> • Documentation of psychosocial care as first-line treatment in the 121-day period from 90 days prior to the Index Prescription Start Date (IPSD) through 30 days after the IPSD
Use of Imaging Studies for Low Back Pain (LBP)	Members 18-50 years of age with a primary diagnosis of low back pain	Members who were diagnosed with low back pain and: <ul style="list-style-type: none"> • Did <u>not</u> have an imaging study (X-ray, MRI, CT Scan) within 28 days of the diagnosis

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<p>Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)*</p> <p><i>*Lower rate indicates better performance.</i></p>	<p>Members 1-17 years of age</p>	<p>Members who were on:</p> <ul style="list-style-type: none"> • Two or more concurrent antipsychotic medications
<p>Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)</p>	<p>Members 40 years of age and older with a new diagnosis of COPD or newly active COPD</p>	<p>Members who were newly diagnosed with COPD and who received:</p> <ul style="list-style-type: none"> • Spirometry testing to confirm the diagnosis
<p>Standardized Healthcare-Associated Infection Ratio (HAI)</p>	<p>Hospital-reported standard infection ratios for four different Healthcare-Associated Infections (HAI), adjusted for the proportion of members discharged from each health plan's contracted acute care hospital</p>	<p>The following infections are measured:</p> <ul style="list-style-type: none"> • Central Line-associated blood stream infections • Catheter-associated urinary tract infections • Methicillin-Resistant Staphylococcus Aureus (MRSA) blood laboratory-identified events • Clostridium Difficile (CDIFF) laboratory-identified events
<p>Use of Opioids at High Dosage (UOD)</p>	<p>Members 18 years and older</p>	<p>Members who received prescription opioids for ≥ 15 days during 2017 (average Morphine Equivalent Dose [MED] > 120 mg)</p>

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<p>Use of Opioids From Multiple Providers (UOP)</p>	<p>Members 18 years and older</p>	<p>Members who received prescription opioids for ≥ 15 days during 2017 from multiple providers. Measure reports members who received opioids from:</p> <ul style="list-style-type: none"> • Four or more different prescribers during 2017 • Four or more different pharmacies during 2017 • Four or more different prescribers and four or more different pharmacies during 2017